

NOTIFICATION TO NEVADA STATE BOARD OF MEDICAL EXAMINERS OF COLLABORATION WITH ADVANCED PRACTITIONER OF NURSING

STATE OF NEVADA

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) ss.

NOTE: NO FEE REQUIRED

COUNTY OF

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COMES NOW _____, **being first duly sworn who deposes and says that:** I, the undersigned physician, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Medical Examiners, possess an active license to practice medicine in the state of Nevada, license number _____, and am in good standing with the Nevada State Board of Medical Examiners. I am engaged in the full time practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal, pending against me by the Nevada State Board of Medical Examiners or any other jurisdiction's medical licensing entity. **I have checked with the Nevada State Board of Nursing and determined that the advanced practitioner of nursing with whom I am going to collaborate has never been formally disciplined by the Nevada State Board of Nursing.**

I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes concerning the duties of a supervising physician, as well as Chapter 630 of the Nevada Administrative Code which are the regulations adopted by the Nevada State Board of Medical Examiners concerning a physician's relationship with a physician assistant and/or advanced practitioner of nursing. I have read and am aware of the regulation of the Nevada State Board of Medical Examiners under Chapter 630 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination of more than three physician assistants and advanced practitioners of nursing, without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practitioners of nursing with whom I may simultaneously supervise or collaborate. Further, this relationship will not begin until I am in receipt of a file stamped copy of this Notification bearing the receipt stamp of the Nevada State Board of Medical Examiners thereon. Upon receipt of same, I will be collaborating with the following named advanced practitioner of nursing at the following practice location(s):

Name of Advanced Practitioner of Nursing

Practice Location(s) (use extra page if necessary) (Telephone #)

I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Medical Examiners, and that I must immediately notify the board, in writing, of the termination of this relationship.

WHEREFORE, I set my hand this _____ day of _____, 20____

Collaborating Physician Name (Print or Type)

Collaborating Physician (Signature)

COMES NOW _____, **being first duly sworn who deposes and says that:** I, the undersigned advanced practitioner of nursing am duly licensed as an advanced practitioner of nursing in the state of Nevada, and in good standing with the Nevada State Board of Nursing, and have never been formally disciplined by the Nevada State Board of Nursing for a violation of the Nursing Practice Act of the state of Nevada. That I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws apply to physician assistants. I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Board, and I am also aware of the requirements of the Nevada State Board of Medical Examiners that my collaborating physician notify that Board of the termination of this agreement.

WHEREFORE, I set my hand this _____ day of _____, 20_____.

Advanced Practitioner of Nursing (Print or Type)

Advanced Practitioner of Nursing (Signature)

The above named _____
(Print Physician Name)
being first duly sworn, appeared before me on the _____ day
of _____, 20____, and, in my presence,
executed this document consisting of one (1) page.

The above named _____
(Print Advanced Practitioner of Nursing Name)
being first duly sworn, appeared before me on the _____ day
of _____, 20____, and, in my presence
executed this document consisting one (1) page.

Notary Public

Notary Public

NAC 630.490 Collaboration with advanced practitioner of nursing. (NRS 630.130)

1. A physician shall not collaborate with an advanced practitioner of nursing unless the physician holds an active license to practice medicine and actually practices medicine in this state.
2. No physician may collaborate with an advanced practitioner of nursing whose scope of practice or medical competence is other than the scope of practice or medical competence of the physician.
3. The collaborating physician or his substitute shall be available at all times that the advanced practitioner of nursing is providing medical services to consult with the advanced practitioner of nursing. Those consultations may be indirect, including, without limitation, by telephone.
4. The collaborating physician shall, at least once a month, spend part of a day at any location where the advanced practitioner of nursing provides medical services to act as consultant to the advanced practitioner of nursing and to monitor the quality of care provided by an advanced practitioner of nursing.
5. The collaborating physician shall develop and carry out a program to ensure the quality of care provided by an advanced practitioner of nursing. The program must include, without limitation:
 - (a) An assessment of the medical competency of the advanced practitioner of nursing;
 - (b) A review and initialing of selected charts;
 - (c) An assessment of a representative sample of referrals or consultations made by the advanced practitioner of nursing with another health professional as required by the condition of the patient;
 - (d) Direct observation of the ability of the advanced practitioner of nursing to take a medical history from and perform an examination of patients representative of those cared for by the advanced practitioner of nursing; and
 - (e) Maintenance of accurate records and documentation of the program for each advanced practitioner of nursing with whom the physician collaborated.
6. The collaborating physician shall ensure that the advanced practitioner of nursing:
 - (a) Does not use presigned prescriptions; and
 - (b) Practices in strict compliance with the regulations of the state board of pharmacy regarding prescriptions, controlled substances, dangerous drugs and devices.
7. The medical director of a practice that is specific to a site, including, without limitation, a facility for skilled nursing or a hospital, may act as a collaborating physician to an advanced practitioner of nursing who works at the practice. A medical director acting as a collaborating physician may allow the advanced practitioner of nursing to evaluate and care for patients under the direction of an attending physician who is not the collaborating physician of the advanced practitioner of nursing.
8. No person may act as a collaborating physician unless he has been approved by the board and has paid the required fee.
9. Each collaborating physician shall submit to the board a protocol regarding the collaboration which must be established by the collaborating physician and the advanced practitioner of nursing. The protocol must not include any medical service that the advanced practitioner of nursing is not qualified to perform. The protocol must include, without limitation:
 - (a) The name and address of each location at which the advanced practitioner of nursing will practice;
 - (b) A description of the medical services to be performed by the advanced practitioner of nursing, including, without limitation, those medical services to be performed in the office of the collaborating physician, in a hospital and in other locations; and
 - (c) A list of any poisons, dangerous drugs or devices which the collaborating physician prohibits the advanced practitioner of nursing to prescribe, possess, administer or dispense in or outside of the presence of the collaborating physician.
10. The medical services that an advanced practitioner of nursing may perform while collaborating with a physician must be:
 - (a) Set forth in the protocol required pursuant to subsection 9;
 - (b) Commensurate with the education, training, experience and level of competence of the advanced practitioner of nursing; and
 - (c) Within the scope of practice of the:
 - (1) Advanced practitioner of nursing;
 - (2) Certification of the advanced practitioner of nursing; and
 - (3) Collaborating physician.
11. Each collaborating physician shall notify the board in writing within 72 hours if he is no longer acting as the collaborating physician for an advanced practitioner of nursing. If the collaborating physician is unable to act as the collaborating physician for an advanced practitioner of nursing, he shall designate a qualified substitute physician to act as a temporary collaborating physician. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician. If the temporary collaborating physician is required to act as the collaborating physician for more than 72 hours, the original collaborating physician shall notify the board of the designated substitute for approval by the board.
12. The collaborating physician is responsible for all the medical services performed by the advanced practitioner of nursing and must not allow the advanced practitioner of nursing to perform any medical services that are not:
 - (a) Set forth in the protocol submitted to the board pursuant to subsection 9; or
 - (b) Within qualifications or certification of the advanced practitioner of nursing.